

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/019019	FILING DATE 26 DEC 2001		
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1			/				51		
2				/			52		
3				/			53		
4			/				54		
5				/			55		
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45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.			2				TOTAL IND.		
TOTAL DEP.			6				TOTAL DEP.		
TOTAL CLAIMS			8				TOTAL CLAIMS		

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